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ABSTRACT

The paper reviews research on parental effects on the child, child effects on the parent, and reciprocal effects for the child's characteristics in general and for conduct disorder in particular. Evidence is cited which suggests validity of both the adult-to-child and child-to-adult effects model. Addressing the question of where the preponderant influence begins in the reciprocal model, studies are cited which demonstrate that parental influence predominates in the area of moral development and compliance, while the child's attachment behavior exerts a preponderant influence on immediate parental reactions. Socialization is affected most by the child's characteristics. With reference to conduct disorders, research suggests that the child's acting out behavior evokes "upper limit control" responses from the parent. A study demonstrated that mothers of conduct disordered children did not differ significantly from mothers of normal children behaviors, but all mothers addressed more negative responses and requests to conduct disorder children. Findings of all studies taken together suggest that the child's own tendencies are stronger contributors to conduct disorder than are parental influences. (CL)

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Symposium: BI-DIRECTION OF EFFECTS IN PARENT-CHILD INTERACTION. Chair: Kathleen McCartney.

DIRECTION OF EFFECTS IN CHILD SOCIALIZATION WITH PARTICULAR REFERENCE TO CONDUCT DISORDERS: AN OVERVIEW

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Following Bell's classic papers (Bell, 1968, 1977) a shift of opinion has occurred regarding the relative importance of parents' and the child's contributions to the child's development, with the balance being tilted more towards the child and away from the parents. This view, in fact, has become modern day orthodoxy (e.g. Belsky, 1981; Lerner & Busch-Rossnagel, 1981).

Moreover, there has come about increasing recognition that a model which recognizes the effects of recurrent reciprocal parent-child interactions over time (the "transactional effects model") is more plausible than models that posit unilateral influences either by parents or child. Common sense would suggest that reciprocal processes are constantly at work between parents and child.

In this paper I will try to clarify the evidence for 1) parental effects on the child, 2) child effects on parents, and 3) reciprocal effects, first for the child's characteristics in general and then for conduct disorder (CD) in particular.

Child characteristics in general.

Evidence for correlations between certain parent and child characteristics from cross-sectional studies can often be reasonably interpreted as demonstrating either parent or child effects. In the past such evidence has generally been construed as indicating parent-to-child effects. However, it can equally well be reconceptualized as showing child-to-parent effects, though logic does not compel such an interpretation (Bell, 1977).

There is, indeed, experimental evidence for parental effects, at least in the immediate present. Thus, when mothers' socialization goals are altered experimentally, their practices also change, something that suggests that mothers' cognitions affect their behavior

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(Kuczynski, 1984). Also, when maternal responsiveness is experimentally increased, children's compliance is also enhanced, even when children are randomly assigned to the differing conditions (Parpal & Maccoby, 1985).

On the other hand, considerable evidence supporting the child-to-adult effects model exists, too. In a field study Yarrow (1963), for instance, found that a foster mother adopted different attitudes to two infants of the same sex and age assigned to her at the same time.

Further, Bell and Chapman (1986) have summarized a number of experimental and brief longitudinal studies that provide evidence for child effects in the areas of dependence/independence, activity-hyperactivity and person orientation. Of course, the implication always is that parental attitudes and practices are first elicited by the child, but that these practices will then have further effects on the child's development - hence the child effects, though primary, enter into a system of reciprocal effects.

Indeed, Bell's "control system model" (Bell, 1977, Bell & Chapman, 1986) has been able to integrate convincingly a great deal of the literature on child-parent interaction in terms of a reciprocal influence model. Under its assumptions, it should be noted, it is the parents who react to the child's "upper limit" behavior or "lower limit" behavior.

Similarly Maccoby and Jacklin (1983) showed that mothers of "difficult" boys at 12 months of age backed off from socialization pressures and these boys became more difficult at 18 months. All these are examples of "evocative" gene--> environment effects (Scarr & McCartney, 1983).

Reciprocal effects over time have actually been demonstrated in only a few other investigations: Clarke-Stewart (1973) showed reciprocal effects over time between maternal attentiveness and child attachment; Bradley, Caldwell and Elardo (1979) showed such effects between the child's competence and maternal involvement.

However, simply to say that reciprocal effects always exist is a platitude. The question still has to be answered: "Which is the preponderant influence and where does the

cycle start?" But it may have to be answered differently for different areas of the child's functioning.

The traditional view that parental influence is paramount is probably most tenable for moral internalization within the normal range. Hoffman (1975) has argued on logical grounds that, though the child's readiness to be socialized, or his person-orientation, may lie at the root of things, this does not negate the immediate, "proximal" impact of induction on the child's internalization of moral standards.

In our own studies we have carried out sequential analyses of observational data of parent-child interactions of 2-year-olds to determine which parent actions facilitate child actions, and vice-versa (Lytton, 1980). These data are consistent with the view that in the area of moral development and compliance parental influence predominates, both in the immediate present and over the longer term; on the other hand, we found that the child's attachment behavior exerts a preponderant influence on immediate parental reactions, rather than the other way round.

We have also identified reciprocal influences between the child's positive and negative actions and maternal control behavior, but maternal influences appeared to be the stronger ones in every case.

In the long run parental behavior and socialization practices seem to be partly grounded in the parents' own predispositions (e.g. Hoffman, 1963; Moss & Jones, 1977, who assessed maternal predispositions prenatally) - predispositions which, we must remember, the child to some extent shares genetically. Socialization practices are also affected by the particular situation (Grusec & Kuczynski, 1980), but, above all, the socializing influence will be modulated by the child's characteristics and therefore socialization will operate within the constraints of biological givens.

Conduct disorders (CD):

Now let us turn to conduct disorders, in particular.

There is, of course, well-established and widespread evidence from interview and observational studies that adverse parental practices are linked to CD. This applies, for instance, to poor parental supervision, erratic or harsh discipline, and excessive command-giving (cf., Rutter & Garmezy, 1983).

These essentially correlational studies, by using biological pairs, have confounded effects arising from stable characteristics of the parent with effects arising from his/her past interactions with the child and with effects arising from the aberrant behavior of the child himself. Parent-to-child effects have been demonstrated more convincingly by pharmacological or behavioral intervention studies that have targeted maternal behavior and were successful in thereby reducing the child's aggressive behavior, e.g. Barkley, (1981); Patterson (1982).

Bell's (1977) control system model, on the other hand, suggests that it may be the child's acting-out behavior that evokes "upper limit control" responses from the parent. Several lines of experimental research have confirmed the correctness of this view, namely, that the effect runs from child to mother.

1) Drug treatment: Experiments have shown that when children's nonattentive and noncompliant behavior is improved by administering stimulant drugs their mothers also become less controlling (Barkley & Cunningham, 1979). The children who were treated here were labeled "hyperactive", but they actually displayed conduct problems as well. Indeed, these two diagnoses often overlap (Prior & Sanson, 1986).

2) Manipulation of "problem behavior": When confederate children were trained to exhibit "problem behavior" in a lab. situation, mothers engaged in more commands and disciplinary actions, i.e., employed upper limit control behavior. Conversely, when children enacted an anxious/withdrawing role, mothers reacted by giving more verbal help (Brunk & Henggeler, 1984).

3) Longitudinal path analysis: Mothers of boys who display a hot-headed and strong-willed temperament in infancy later become more permissive of aggression, no doubt because

the strong pressure of the infant's temperament makes mothers back off from very strict control of aggressive behavior (Olweus, 1980).

4) Interactions with unrelated children: our own research. In order to disentangle experimentally child effects from parental effects and from "ownness" effects we controlled for child's CD and for ownness.

We recruited CD boys, 6 - 12 years old, referred to mental health clinics and diagnosed CD by DSM III, and non-referred, "normal" boys, matched for age, and their respective mothers, matched for education level. In a laboratory playroom we compared the interactions of each type of child - CD and normal - with both a mother of a CD and of a normal child, where mother-child pairs were unrelated (Anderson, Lytton & Romney, 1986). In this way mother effects could be separated from child effects and any statistical interaction between the two could also be tested.

In addition, we compared the interactions of each type of mother with her own CD (or normal) child and with a child, not her own, of like classification. In this way we were able to disentangle the effects of a history of past cumulative interactions from those of CD, since the comparison was between biological and unrelated pairs of the same classification.

We experimentally varied the classificatory characteristics of the children but did not attempt to manipulate their behavior, as it is likely that the classification "CD" or "normal" - if it is valid - will produce more extreme behavioral contrasts than will contrived roles.

We counted instances of positive and negative behavior and commands/requests on the part of mothers, and instances of compliance on the part of the boys in play and structured tasks.

The results were clear for the analysis of unrelated pairs: the mothers of CD children did not differ significantly from the mothers of normal children in any of their behaviors, but all mothers addressed more negative responses and more requests to CD than to normal children. CD boys also complied less than normal boys with both types of mothers. The statistical interaction effect was nonsignificant, so that the combination of a mother of a CD

child with a CD child did not produce the adverse effects that the interactional model would predict. The results indicate that the maladaptive interactions of CD boys with their mothers are driven mainly by the child.

The effects of past cumulative reciprocal interactions, i.e. "transactional" effects, could also be observed in our investigation in the greater negativism of mothers towards their own CD children compared with non-own CD children. This result corroborates previous similar findings (Halverson & Waldrop, 1970). Transactional effects in this domain have been illustrated, too, by Patterson's (1982) finding of "coercive cycles" in mother-aggressive child interactions.

The results of these different lines of research, taken together, I suggest, provide quite compelling evidence that the child's own tendencies are stronger contributors to CD than are parental influences. But the child is not simply a collection of genes - he is also by middle childhood a product of his previous experiences. Environmental factors, e.g. father's impact, and the biological environment, e.g. prenatal influences, may therefore play a part in the production of CD. If we assume that at least part of the child effects are due to genetic factors, these should also be seen in mothers. We did, indeed, find such effects in our investigation. The mothers differed somewhat, though not significantly, in the expected direction in the observed behaviors, e.g., CD mothers showed more negative reactions than normal mothers. Our observers rated our CD mothers as more negative overall and perceived them as more disordered in appearance and behavior. However this rating may be due to the fact that the CD mothers were seen with two CD children and only one normal child, and the reverse was the case for "normal" mothers.

The undoubted evidence for an association between adverse parenting styles and CD can be interpreted in 3 ways. 1) Parental behavior exacerbates the child's existing tendencies, and improvement in parental interaction style may therefore also reduce the child's problem behavior (cf. Barkley, 1981; Patterson, 1982); 2) parental behavior is a reaction to the child's behavior, i.e. it is an example of evocative gene--> environment effects (Scarr &

McCartney, 1983); 3) certain parental tendencies are manifestations of underlying genetic factors that predispose both parent and child to socially maladaptive behavior. Note that these explanations are not mutually exclusive.

CD is an instance of lack of moral internalization. Why is there a difference in the direction of effects between CD and moral internalization in the normal range? Is it that CD children have a basically different reaction style from other children? Patterson (1976) has provided some evidence pointing in exactly this direction. He found that antisocial behavior of CD children increases after punishment, while for normal children it decreases. Some further literature cited by Patterson (1976) suggests that CD children may be underresponsive to social reinforcement and hence, probably, to social stimuli of all kinds. This may be due to earlier parental socialization behavior, e.g. parents may have used ineffective socialization techniques, like yelling without imposing rational consequences. But it may also have a genetic basis. A recent review of the literature on conduct disorder and its outcomes has, indeed, found that this disorder is resistant to treatment and that both parental and child characteristics converge in the genesis of this stable behavior problem (Quay, Routh & Shapiro, 1987).

The lesson to be learned from such repeated findings is not that nothing can be done at all. But therapists engaged in the treatment of CD children and their families would do well first to attempt to relieve the sense of guilt that parents often feel about their children's difficulties. Instead, they could teach them ways in which the parents could try to adapt their own responses to their children's problem behavior.

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